



Cooling Fan Assistance Program

First Name: _____ Last Name: _____

Address: _____ City, State , Zip Code: _____

Phone Number: _____ Email: _____

1. How did you hear about the Cooling Fan Assistance Program? (Social Media, TV, City Website, etc.)

2. Are you 60 years of age or older? Yes No

3. Do you currently have an air conditioning unit in your home (i.e. Central Air, Fan, Wall Unit, etc.)?

Yes No

If YES, please specify what type (Central air / wall unit / fan): _____

4. What type of housing unit do you live in? (House, apartment, shared room, board/care, facility, other)

5. Do you live in low-income subsidized housing? (Ex: Senior housing, Section 8, low-income unit, etc.)

Yes No If YES, please specify what type: _____

6. What is your total gross annual income? Please complete the box below.

My total family* size consists of _____ members including myself, and the total gross annual income** for all adult members in my household is \$_____.

* "Family" is defined as: All persons living in a household who are related by birth, marriage or adoption.

**Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

Eligible Income Limits

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income 0-30% MFI	\$21,950 or less	\$25,050 or less	\$28,200 or less	\$31,300 or less	\$33,850 or less	\$36,350 or less	\$39,010 or less	\$43,430 or less

Income Verification - Please select one or more of the items below you will provide for proof of income:

- Employment, Pay Stubs, W-2 (Box 1 Gross Income)
- Self-employment, Business Income, 1099
- Disability Income
- TANF/CalWORKs/General Relief/Public Assistance Income
- Unemployment Income
- Worker's Compensation
- Child Support
- Social Security, Pension, Retirement
- Other: Specify

7. Do you have a medical condition that gets worse with heat? Yes No
8. Are you affected by COVID-19 either by exposure, or at high risk to exposure due to age or compromised immune system? Yes No

WARNING: I certify that the information contained on this form is complete and true to the best of my knowledge. I authorize the City of Glendale or its providers/agencies to request and obtain income documentation from me, if necessary. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487, 532) and may result in criminal charges.

Applicant's Signature: _____ Date: _____

Forms can be submitted:

- Online: www.glendaleca.gov/cspcares
- E-mail: cspcares@glendaleca.gov
- Mail: Adult Recreation Center
C/O: Cooling Fan Assistance Program
201 E. Colorado St.
Glendale, CA 91205

Please call (818) 548-3775 for additional questions or assistance.